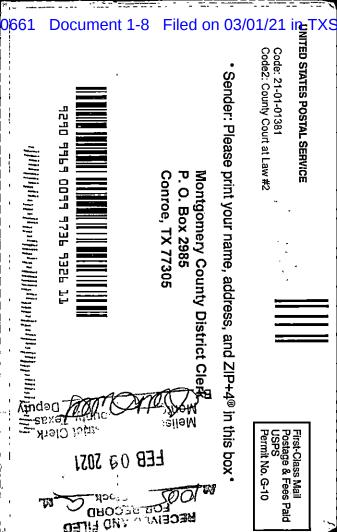
EXHIBIT D-4



Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you.	X Signature	☐ Agent☐ Addressee
Attach this card to the back of the mailpiece, For on the front if space permits.	В. Песеічядру піприндувамаї	C. Date of Delivery FEB 0 4:202
1. Adicle Addressed to:	D. Is delivery address different from item 1? If YES enter delivery address below:	mitem 17 🔲 Yes 🛴
US Bank, N.A.	,	
E Registered Agent CT Corporation System 1999 Bryan Street Ste 900 Dallas, TX 75201-3136		
1 1/29/2021 2:56:50PM	3. Service Type □ Adult Sicnature	☐ Priority Mail Express®
	☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail®	☐ Registered Mail Restricted Delivery
C 9566 4866 6666 6986 0666	☐ Collect on Delivery	Merchandise
2. Article Number (Transfer from service label)	☐ Insured Mail ☐ Signature Confirmation	Signature Confirmation
<u> </u>	□ H ☐ Insured Mail Restricted Delivery (over \$500)	Restricted Delivery
Pserin 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION?

COMPLETE THIS SECTION ON DELIVERY

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